

Form # 230 Revised 12/2009 1400 West Third, Little Rock, AR 72201 Phone (501) 682-1517 or (800) 666-2877 Fax (501) 682-1944 Website - http://www.artrs.gov

AFFIDAVIT OF OUT-OF-STATE TEACHING SERVICE 1941-42 to 1963-64

To be executed by County Supervisor, Superintendent of Schools or other School Official in the county in which service was rendered.

Name of Member				SSN	
I hereby cei	rtify that the following service	ce is taken from the	official schoo	I records:	Days
<u>Year</u> <u>Dis</u>	<u>trict</u>	County	<u>State</u>	Position Held	<u>Worked</u>
1941-42					
Certified by	me this day of		ī	_·	
Signature _			Title		
Address _					

MEMBER PLEASE NOTE: When the completed G-3a form is received, ATRS will request certification from the state retirement system where the service was rendered. You <u>must</u> have received a refund and not be eligible for benefits based on the service. When the certification is received by ATRS, a statement of your cost will be prepared and mailed to you.